San Mateo Consolidated Fire Departmen

nt C	SAN MATEO FIRE
	COASOLIDATED

Community Risk Reduction Division

Resubmittal	CONSOLIDATED	
Permit Number	Revision #	Date
Project Name:		
Address:		Suite
City:		Zip:
Occupancy Class:	Mixed Use?:	
Construction Type:	Fire Sprinklers (Y/N):	Fire Alarm (Y/N):
Applicant:	Address:	
City:	State: Zip:	
Contact Person:	Phone No. ()	Email
Business License #	Contractors License #	License Type:
Building Permit #:		
Scope of Work:		
Square Footage of Project:	of Initiating Devices:	
APPLI	CATION SECTION: DO NOT MAR	RK BELOW THIS LINE
Reviewed by:		Date:
Status: Approved	Rejected- Resubmit 🗌	Incomplete
Fee Received by:		Amount Due:
□ Credit □ Check	Check/Transaction No	Invoice No

INSPECTION TYPE	DATE	INSPECTOR
inter 2011011 111 2	5,112	
FIRE UNDERGROUND:		
Hydro		
Flush		
Rough (Including Thrust Blocks)		
Final		
FIRE SPRINKLER:		
Weld		
Overhead Rough		
Overhead Hydro		
FINAL		
FIRE STANDPIPE:		
Hydro		
Rough		
Final		
FIRE ALARM SYSTEMS:		
Fire Alarm Rough/Wire		
Fire Alarm Functional Test		
Fire Dampers/Smoke		
Smoke Control/Removal		
Fire Alarm Final		
FIRE OTHER/ADDITIONAL	L:	
Hood and Duct System		
Clean Agent Extinguishing System		
Other Fire Suppression System		
Other Alarm System		
Fire Pump Acceptance		
ERRCS		
Fire, Other Inspection		
Additional Inspection:		
Fire Final		